

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	STATUS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	5/4/01
FORMALITY REVIEW	fa	720	06-06-01
RESPONSE FORMALITY REVIEW	Tz	947	10/19/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	8/9/04
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
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11	✓
12	✓
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Claim	Date
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Claim	Date
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*[Handwritten signature]*  
 10-18-01  
 907

If more than 150 claims or 10 actions  
 staple additional sheet here

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